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ABSTRACT

This article provides information on how Rational Emotive Behavior Therapy (REBT) can be adapted for use in rehabilitation counseling. It states that although clients with an average range of intelligence have responded well to REBT, clients with borderline intellectual functioning are not suitable candidates for cognitive disputing but can be taught simple rational coping statements. The paper makes a distinction between general REBT and preferential REBT. General REBT often involves correcting a person's misconceptions about reality, improving problem-solving behavior, or teaching rational coping statements. Preferential REBT involves a philosophical change in the core irrational beliefs that an individual may have about life. It concludes that REBT combined with a more relationship-oriented style and experiential-expressive techniques can facilitate the use of preferential REBT with many rehabilitation clients. (Contains 17 references.) (JDM)

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DISABILITY AND RATIONAL EMOTIVE BEHAVIOR THERAPY (REBT)

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Introduction

Albert Ellis began to develop Rational Emotive Behavior Therapy (REBT) over 40 years ago in 1955 (Ellis, 1994). He originally called his approach rational therapy or RT to emphasize the cognitive element. He later changed it to rational-emotive therapy or RET because it better described that the cognitive emphasis was designed to change emotions as well as thinking. In 1993 he renamed it Rational Emotive Behavior Therapy or REBT because he thought it more accurately described his approach in terms of all three elements.

When Ellis published the first edition of Reason and Emotion in Psychotherapy in 1962, REBT was highly opposed by practically all the popular psychotherapies such as psychoanalysis, client centered (later to be called person-centered), and Gestalt (Ellis, 1994). However, REBT pioneered a large number of thinking, feeling, and activity-oriented approaches that became known as the cognitive-behavior therapies (Corey, 1996). Corey (1996) has noted that behavior therapy itself began to broaden in the 1960's to include a new perspective, which recognized private events and interpersonal factors along with the importance of environmental variables.

Although REBT became more widely accepted and practiced, when Ard (1968) attempted to introduce REBT to rehabilitation counseling, the initial reaction was negative (Gandy, 1985; Miller and Porter, 1969). The attitude was that REBT would not be an appropriate approach to use with many rehabilitation clients with disabilities. The emphasis on the cognitive element did not seem appropriate with a number of rehabilitation clients who are not very intelligent or educated. It was also believed that a highly cognitive approach would trivialize the intense emotions related to their disabilities of more intelligent rehabilitation clients and cause others who might have difficulty getting in touch with their feelings to further deny or intellectualize about their feelings. The forceful and aggressive nature of the approach combined with its de-emphasis on the relationship did not seem appropriate for many rehabilitation clients who are dealing with self esteem issues related to the stigma of disability. The forceful and aggressive feature was also considered to be overly

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suggestive and superficial for many rehabilitation clients.

These original views of the relevance of REBT to rehabilitation counseling were based on some misperceptions of REBT as well as a lack of understanding of how REBT could be adapted to rehabilitation counseling (Gandy, 1985). REBT over time has become a very useful therapeutic strategy, not only for rehabilitation counselors, but also for other types of counselors involved with facilitating the emotional development of individuals with either mental or physical disabilities (Gandy, 1995a; 1995b).

Relevance of REBT to People with Disabilities

Although Albert Ellis (Ellis & Dryden, 1997) recommends an active-directive style and a particularly forceful style with some clients, he agrees that varying one's therapeutic style in REBT does not mean departing from the theoretical principles on which the content is based. Some REBT therapists have recommended a more relationship-oriented style with clients (e.g., Young, 1984). Eschenroeder (1979) has noted that it is important to ask in REBT, "Which therapeutic style is most effective with which kind of client?" (p.5). Johnson (1980) has noted how it is important to separate Ellis as a person from his theory and has emphasized how non-REBT therapists can incorporate aspects of REBT into their own approaches in dealing with clients. Ellis's own REBT institute in New York has produced a video series demonstrating four different personality styles in the practice of REBT (DiGiuseppe, 1993). The goal is to encourage viewers to learn how to use REBT in their own style.

Ellis (Ellis & Dryden, 1997) also considers REBT to represent a major form of eclecticism known as "theoretically consistent" eclecticism. As with varying one's therapeutic style mentioned above, techniques can be liberally borrowed from other therapeutic systems but employed for purposes consistent with REBT's underlying theory. Ellis (1969; 1974), for example, has used expressive-emotive experiential procedures similar to those used in Gestalt, sensitivity training, and encounter groups. These techniques can be particularly relevant with some rehabilitation clients who intellectualize or deny their feelings related to their disabilities. However, after clients are helped to get in touch with their feelings, they are taught how they create most of their unconstructive emotions by what they are telling themselves. Ellis (1994) has made a very careful distinction between constructive and unconstructive emotions and encourages very strong emotions but of a constructive nature.

Although Ellis (1994) has admitted that the use of REBT is limited with clients with lesser intelligence and education, he contends that it is more effective with these clients than such therapies as psychoanalytic, person-centered, and Gestalt. He has noted REBT can become quite complex, but that it is an approach that can be presented at a very basic level that is simple and clear. Clients within the average range of intelligence have responded well to REBT. Clients with borderline intellectual functioning are not suitable candidates for cognitive disputing but can be taught simple rational coping statements. Ellis (1996) has further noted that the fact that REBT can be presented at a very basic level has also made it a very effective brief therapy with more intelligent and educated clients

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who do not have serious emotional disturbances. Many educated and intelligent rehabilitation clients who were functioning well emotionally prior to the onset of a physical disability tend to be excellent candidates for brief therapy (Gandy, 1995a).

Sweetland (1990) has noted that people with physical disabilities are not necessarily more irrational in their thinking than other people, but irrational attitudes can exacerbate physical disabilities. He believes there are at least three reasons why a cognitive approach is particularly appropriate when assisting people with physical disabilities: (1) the disability is permanent and only one's reaction to it, not the condition itself, can be modified; (2) many people hold extremely irrational attitudes toward physical disabilities, which can negatively contribute to the thinking of people with physical disabilities ; and (3) since people with physical disabilities can rarely, if ever attain a sense of physical mastery, a sense of cognitive mastery and control is more important for this population than the general population. Calabro (1990) has described a cognitive-behavioral model for facilitating the adjustment process that follows severe physical disability which takes into consideration emotional, relationship, and values issues.

Continuing Value of Rational Restructuring

The theoretically consistent eclectic nature of REBT mentioned above has made it possible to incorporate therapeutic techniques from very different theoretical orientations, such as person-centered and Gestalt (Ellis & Dryden, 1997). Moreover, as also mentioned above, Ellis (Corey, 1996) pioneered the cognitive-behavioral movement and now includes many techniques in REBT developed by other cognitive-behavioral therapists. REBT therapists, for example, use rational-emotive imagery from Maxie Maultsby's rational behavior therapy, principles of correcting faulty inferences from Aaron Beck's cognitive therapy, and rational coping statements from Donald Meichenbaum's cognitive behavior modification (Ellis, 1994).

Ellis (Ellis & Dryden, 1997) makes a distinction between general REBT and preferential REBT. General REBT often involves correcting person's misperceptions about reality, improving a person's problems-solving behavior, or teaching person rational coping statements. Preferential REBT involves a philosophical change in a person core irrational beliefs that the individual may have about life. For example, a female client may incorrectly perceive that some people do not like her. She will feel better to find out that her perception is inaccurate. However, she may still have a core irrational belief that people should never dislike her. Changing core irrational beliefs by rational restructuring or the disputing of irrational beliefs is preferential REBT and what made REBT radically different from other therapies. Ellis (1994) found that preferential REBT was limited with most clients and began to use cognitive, emotive, and behavioral methods for the purpose of general REBT. He notes that general REBT is synonymous with broad based cognitive-behavior therapy (CBT) and includes methods that he originally used for that purpose as well as ones that have been borrowed from the newer cognitive-behavior therapies.

Rational restructuring or the disputing of irrational beliefs (preferential REBT), however, continues to be a very valuable feature in contemporary therapeutic work with many people

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who have disabilities (Gandy, 1995a; 1995b). REBT combined with a more relationship oriented style and experiential-expressive techniques can facilitate the use of preferential REBT with many rehabilitation clients. A particularly useful technique has been the use of systematic written homework (SWH) (Ellis & Dryden, 1997; Gandy, 1995a; 1995b). SWH is basically a writing assignment in which a person is given instructions regarding the application of REBT principles to his or her emotional problems. It is less threatening because clients can do it by themselves in the privacy of their own homes. It is still forceful because they are being asked to actively question and challenge themselves.

Further information on books, audiotapes, videotapes, and other materials describing REBT can be obtained from the Institute for Rational-Emotive Therapy, 45 East 65th Street, New York, NY 10021 USA; Phone: (800) 323-IRET.

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